

Facilitating compassionate care for patients dying with COVID-19

Infection Prevention Society and British Association of Critical Care Nurses Joint Statement

Position Statement

End of life care is a fundamental pillar of nursing care and relates to both the care of the person at the end of life and their family. The current COVID-19 epidemic has resulted in all normal hospital/ hospice and care home visiting being suspended except for special circumstances. The Infection Prevention Society and British Association of Critical Care Nurses agree that being with a loved one at the end of their life constitutes a special circumstance and, that wherever possible, the health/social care organisation should instigate safe and compassionate approaches that allow an immediate family member/ significant other to be with a dying person at the end of life.

1. Facilitating the visit

We are aware that some organisations are already facilitating end of life visiting and that there are different approaches to managing this. These are dependent upon the acuity of the person's condition and the resource pressures that exist in the organisation, including the staff and personal protective equipment available. Key principles include:

- Limiting the number of next of kin/ significant others to one or two immediate household or close family contacts.
- Coordination of hospital/ hospice visiting by the palliative care team with involvement of the infection prevention and control team and using redeployed healthcare staff to support relatives and escort them to and from care settings.
- In a Care Home setting the coordination of the visit will be undertaken by the nurse in charge or the manager.
- The use of appropriate protective equipment for the visitor and attention to hand hygiene to minimise the risk of transmission of infection.
- Providing a detailed description of the setting and what to expect when they see their loved one and instructions related to wearing personal protective equipment and cleaning their hands.

2. Location of the dying person

Where possible the dying person should be nursed in a single room with ensuite toilet facilities. However, in the current situation or where the person is being cared for in the Intensive Care Unit or a Nightingale/Field Hospital this may not be possible.

3. Getting to the hospital/ hospice/ care home

- The next of kin/ significant other should be able to drive or be driven to the hospital/ hospice/ care home. This minimises the risk of exposure to others, particularly if the household is self-isolating as contacts of the dying person.

- On arrival the next of kin/ significant other should call the ward/unit so that someone can be sent to meet them at an agreed meeting point, escort them to the care setting and provide them with PPE.

4. Minimising the risk of infection

- The next of kin/ significant other should be asked to minimise the number of personal belongings that they bring with them e.g., bags, handbags, electronic devices.
- The member of staff meeting the next of kin/ significant other should take with them surgical masks, plastic aprons and alcohol hand gel if the local policy requires PPE to be put on before reaching the care setting.
- The member of staff should escort the next of kin/ significant other to the care setting by the shortest possible route.
- The next of kin/ significant other should remove outer clothing e.g., coat or jacket, roll up their sleeves and clean their hands before putting on an apron and surgical facemask to enter the care setting. They should understand that the front of the surgical mask must not be touched or removed while they are with their relative.
- If entering the ICU/ High Dependency area a higher level of protection may be required and staff should assist with putting it on and taking it off safely.
- Gloves are not required for contact and hands must be washed prior to leaving the care setting. This level of protection will minimise the risk to the visitor and allow him/her to hold the hand of their loved one.

5. Care of the next of kin/ significant other

- Prepare the relative/ significant other for what they will see when they arrive in the care setting.
- If there is a limit to the length of time that they can stay this needs to be explained.
- Notify the nurse caring for the person that his/her next of kin/ significant other has arrived.
- Ensure that the next of kin/ significant other knows how to use the call bell if they need anything or signal when they want to leave.
- Provide comfort if the person is distressed, hold the persons hand(s), provide a cup of tea.
- Provide the relative with information about what will happen next if their loved one has died.
- Reassure the relative/ significant other that self-isolation is not required following the visit as they have been protected from the risk of transmission by using PPE and performing hand hygiene.

6. At the end of the visit

- Help the person to remove their PPE in a safe way and dispose of it in an orange bag.
- **NB** If the visitor is self-isolating or COVID19 positive they should continue to wear the surgical facemask until they leave the premises and dispose of it in the household rubbish when they get home.